



Montana  
**Office of Public Instruction**  
Denise Juneau, State Superintendent

**Montana Office of Public Instruction  
Supplemental Educational Services  
Monitoring Report  
2013-14**

According to the ESEA/NCLB Act of 2001, the Montana Office of Public Instruction (OPI) is required to publicly report on the standards and techniques for monitoring the effectiveness of the programs offered by approved Supplemental Educational Service providers and to post this report each year. [Section 1116(e) (4) (D); 34 C.F.R. §200.47(a) (4)]

The process for the evaluation is as follows. First, a survey is sent out to districts that have students eligible for services. Next parents and students receiving services are asked to complete a survey on their provider. The attached paper survey forms at the end of this report represent the actual data requested and questions asked in the electronic survey that is used by the OPI to assist us in evaluating SES programs. These electronic surveys are given to the districts and providers so that district/school staff, parents, and students have an opportunity to give the OPI input for program assessment. Documentation is also requested from the provider to show the academic improvement or lack of improvement from students receiving services. Finally, providers are asked to update their programmatic information.

After this data is gathered, the OPI reviews the information and determines whether or not the SES provider has obtained a satisfactory or unsatisfactory rating. Providers that receive an unsatisfactory rating are given one year to correct any deficiencies to their program or risk being dropped from the Approved Provider list. Also any comments for improvement to a provider are given to the company to assist in program enhancement.

This year the OPI removed three providers that did not return the data request form. Providers who were dropped for not returning the data request forms will not be allowed to reapply to become an approved provider until the 2015-16 school year. The providers were informed that a second request for data would not be sent. No providers were dropped this year for not serving any students over the past three years.

In the table below are the names, numbers of students served, and ratings and statuses of each approved SES providers for the 2013-14 academic year:

### Supplemental Educational Services Ratings 2013-14

Provider Name	2013-14 Rating	Retained/Dropped
<b>+ Reading and Writing Specialists</b>	Satisfactory	Retained
<b>Academia.net, LLP</b>	Satisfactory	Retained
<b>Achieve High Points (by Datamatics, Inc.)</b>	N/A	Retained
<b>Anytime Tutoring</b>	N/A	Retained
<b>ATS Project Success</b>	N/A	Dropped-no response
<b>Columbia Falls Public Schools</b>	Satisfactory	Retained
<b>Club Z! In-Home Tutoring Services, Inc.</b>	Satisfactory	Retained
<b>Digital Network Group</b>	N/A	Retained
<b>Elite Educational Services</b>	Satisfactory	Retained
<b>Friendship House of Christian Service</b>	Satisfactory with corrections	Retained
<b>Helena Public Schools</b>	Satisfactory	Retained
<b>Great Falls Public Schools</b>	Satisfactory	Retained
<b>Laurel Public Schools</b>	Satisfactory	Retained
<b>Huntley Project Schools</b>	Satisfactory	Retained
<b>Libby K-12 Schools</b>	Satisfactory	Retained
<b>Lockwood Public Schools</b>	Satisfactory	Retained
<b>Learn-It-Systems, LLC</b>	N/A	Retained
<b>Math Steps Online</b>	N/A	Dropped-no response
<b>Mobile Minds Tutoring</b>	Satisfactory	Retained
<b>National Education Foundation/Cyber Learning</b>	N/A	Dropped-no response
<b>One on One Learning</b>	Satisfactory	Retained
<b>Studentnest, Inc.</b>	N/A	Retained
<b>Sylvan Learning Center (Billings)</b>	Satisfactory	Retained
<b>Sylvan Learning Center (Bozeman)</b>	Satisfactory	Retained
<b>Sylvan Learning Center (Butte)</b>	Satisfactory	Retained
<b>Sylvan Learning Center (Helena)</b>	Satisfactory	Retained
<b>Sylvan Learning Center (Missoula)</b>	Satisfactory	Retained
<b>1:1 Online Tutoring Service</b>	Unsatisfactory	Retained-probation
<b>Tutorial Services</b>	N/A	Retained

District-Level SES Breakdown				
District	Number Receiving	Number Completing	Amount Spent	Hours Provided
Alberton Public Schools	1	0	\$ 625.00	22.00
Anaconda Public Schools	40	20	\$ 49,566.00	1116.00
Arlee Public Schools	12	1	\$ 22,431.00	544.00
Belgrade Public Schools	5	4	\$ 10,268.00	307.00
Billings Public Schools	501	293	\$ 381,865.05	7849.00
Bozeman Public Schools	30	21	\$ 30,551.41	859.00
Butte Public Schools	32	25	\$ 33,580.00	1012.00
Columbia Falls Schools	32	10	\$ 16,833.00	838.00
Desmet School District	2	0	\$ 1,350.00	29.00
Great Falls Public Schools	88	29	\$ 39,708.25	949.75
Hardin Public Schools	45	32	\$ 50,404.00	1102.00
Helena Public Schools	59	41	\$ 51,502.31	1355.00
Hellgate Elementary	14	5	\$ 19,314.00	524.00
Huntley Public Schools	1	1	\$ 748.08	44.00
Kalispell Public Schools	9	5	\$ 8,200.00	210.00
Laurel Public Schools	187	187	\$ 35,229.50	2628.00
Libby School District	12	9	\$ 12,559.75	633.00
Lone Rock District	3	1	\$ 3,260.00	81.00
Missoula Public Schools	36	17	\$ 36,901.00	999.00
Morin Public Schools	2	2	\$ 3,740.00	81.00
Ronan Public Schools	28	11	\$ 32,202.00	816.00
Stevensville Public Schools	12	6	\$ 10,287.00	277.00
Three Forks Elementary	3	1	\$ 2,065.00	44.00
Troy Public Schools	1	1	\$ 945.00	20.00
Victor Public Schools	2	2	\$ 3,510.00	83.00
Whitefish Public Schools	1	1	\$ 851.00	38.00
<b>Totals</b>	<b>1158</b>	<b>725</b>	<b>\$ 858,496.35</b>	<b>22460.75</b>

**Montana Office of Public Instruction**  
**Supplemental Educational Services (SES) Provider Evaluation**  
**FOR DISTRICTS**

PLEASE SUBMIT BY May 31, 2014

Jack O'Connor

SES Coordinator

Montana Office of Public Instruction

PO Box 202501

Helena, MT 59620-2501

E-mail: [joconnor2@mt.gov](mailto:joconnor2@mt.gov) Tel: 406-444-3083, Fax: 406-444-3924

**I. Background Information**

District Being Served: \_\_\_\_\_

Date: \_\_\_\_\_

District Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Summer Contact Info: \_\_\_\_\_

Please make copies of this form and complete a separate survey **for each supplemental service provider** with whom the district has contracted.

Name of SES Provider: \_\_\_\_\_

## II. Information Regarding Provider

A.

Grade Level	# of Students Served	# of Special Ed Students Served	# of LEP Students Served	% of Students Who Achieved Goals	% of Students Who Made Progress	% of Students Who Showed No Improvement

- B. Rate the performance of this Provider in relation to the following service elements listed below. If marked "unsatisfactory," please comment why.

Service Element	Rate Provider's Performance in Relation to Each Service Element	
	Satisfactory	Comments/Remarks
1. Defined specific achievement goals for students receiving supplemental services as outlined in the agreement with the district and parent/guardian	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
2. Monitored the progress of students receiving supplemental services	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
3. Ensured instructors were adequately trained to deliver the supplemental educational services	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	

Name of SES Provider: \_\_\_\_\_

Service Element	Rate Provider's Performance in Relation to Each Service Element	
	Satisfactory	Comments/Remarks
4. Provided the district with information on the academic achievement progress of children receiving supplemental services	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
5. Provided teachers of students receiving supplemental services with information on their academic progress	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	

Service Element	Rate Provider's Performance in Relation to Each Service Element	
	Satisfactory	Comments/Remarks
6. Provided parents with information on the academic achievement progress of their children in a format and language (where practicable) that they could understand	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
7. Ensured that curriculum and instruction provided were consistent with the district's instructional program and state content standards	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
8. Ensured that instructional strategies were of high quality and research-based	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
9. Fulfilled all contractual obligations	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	
10. Ensured that safety measures were put in place by either doing background checks or some other monitoring system	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Don't Know	



**Name of SES Provider:** \_\_\_\_\_

Below describe parents', students', and your district's satisfaction or dissatisfaction levels with this Provider, based on feedback received during and after service delivery. Please include reasons for the level of satisfaction/dissatisfaction.

**1. District**

What is the district's overall level of satisfaction with this Provider associated with SES?

Extremely Dissatisfied	Dissatisfied	Neutral	Satisfied	Extremely Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain your reasoning for the Provider's rating.

2. Would you recommend that the State renew its authorization for this provider?

- ☐ Yes  
☐ No, please specify why.

C. Additional Comments/Recommendations

**Thank you for your time and assistance with this process.**

# TO BE COMPLETED BY THE PARENT

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## SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDER REPORT CARD

SES Provider:

This information is extremely helpful to the State Title I office as we work with districts to have high quality providers of Supplemental Educational Services. Your feedback is critical in helping us to do that. If you could take a few minutes to complete this brief report card, it would be beneficial for our office. Please return to your school district office by May 31, 2014. If you have questions about this information, please call this office at 406-444-3083. Thank you for your time.

Description/Identification of Report Card Item	Scale				
	P o o r	Good			E x c e l l e n t
1. My child made progress on his/her goals.	1	2	3	4	5
2. I feel that my child found the additional support in reading and/or math to be a positive experience.	1	2	3	4	5
3. I was informed regularly about my child's progress.	1	2	3	4	5
4. I feel that the tutor was qualified to provide the support to my child that was needed.	1	2	3	4	5
5. I feel that the tutor was supportive of my child and sensitive to my child's needs.	1	2	3	4	5
6. My child enjoyed their experience with the tutor.	1	2	3	4	5
7. I am confident that my child benefited from this experience.	1	2	3	4	5
8. The services were convenient.	1	2	3	4	5
9. I am confident that my child was well taken care of while in the program.	1	2	3	4	5
10. I would place my child with this provider again.	1	2	3	4	5

Other comments:

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# TO BE COMPLETED BY THE STUDENT

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## SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDER REPORT CARD

SES Provider:

This information is extremely helpful to the State Title I office as we work with districts to have high quality providers of Supplemental Educational Services. Your feedback is critical in helping us to do that. If you could take a few minutes to complete this brief report card, it would be beneficial for our office. Please return to your school district office by May 31, 2014. If you have questions about this information, please call this office at 406-444-3083. Thank you for your time.

Description/Identification of Report Card Item	Scale				
	P o o r	Good			E x c e l l e n t
11. I made progress on my goals.	1	2	3	4	5
12. I feel that the additional help in reading and/or math to be a positive experience.	1	2	3	4	5
13. I was informed regularly about my progress.	1	2	3	4	5
14. I feel that the tutor was qualified to provide the help that I needed.	1	2	3	4	5
15. I feel that the tutor was supportive of my needs.	1	2	3	4	5
16. I enjoyed my experience with the tutor.	1	2	3	4	5
17. I am confident that I benefited from this tutoring.	1	2	3	4	5
18. The services fit into my personal schedule.	1	2	3	4	5
19. I am confident that I will remember what I learned.	1	2	3	4	5
20. I would work with this tutor again.	1	2	3	4	5

Other comments:

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